



# House of Representatives

General Assembly

**File No. 158**

February Session, 2014

Substitute House Bill No. 5354

*House of Representatives, March 27, 2014*

The Committee on Children reported through REP. URBAN of the 43rd Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

## **AN ACT CONCERNING CHEMICALS OF HIGH CONCERN TO CHILDREN.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

- 1 Section 1. (NEW) (*Effective from passage*) For purposes of this section:
- 2 (1) "Chemical" means (A) a substance with a distinct molecular
- 3 composition, or (B) a group of structurally-related substances.
- 4 "Chemical" includes the breakdown products of the substance or
- 5 substances that form through decomposition, degradation or
- 6 metabolism; and
- 7 (2) "Priority chemical" means a chemical identified by the
- 8 Commissioner of Public Health that is known, on the basis of credible
- 9 scientific evidence, to: (A) Harm the normal development of a fetus or
- 10 child or cause other developmental toxicity; (B) cause cancer, genetic
- 11 damage or reproductive harm; (C) disrupt the endocrine system; (D)
- 12 damage the nervous system, immune system or organs or cause other
- 13 systemic toxicity; (E) be persistent, bioaccumulative and toxic; or (F) be

14 very persistent and very bioaccumulative.

15 Sec. 2. (NEW) (*Effective from passage*) (a) Not later than January 1,  
16 2015, the Commissioner of Public Health, in consultation with the  
17 Commissioner of Energy and Environmental Protection and the  
18 Commissioner of Consumer Protection, shall create and maintain a list  
19 of priority chemicals that are of high concern to children after  
20 considering a child's or developing fetus's potential for exposure to  
21 each chemical. The Commissioner of Public Health may include on the  
22 list chemicals that meet one or more of the following criteria: (1)  
23 Credible biomonitoring studies have demonstrated the presence of the  
24 chemical in human umbilical cord blood, breast milk, urine or other  
25 bodily tissues or fluids; (2) the chemical has been found through  
26 sampling and analysis to be present in household dust, indoor air,  
27 drinking water or elsewhere in the home environment; or (3) the  
28 chemical has been added to or is present in a consumer product used  
29 or present in the home.

30 (b) Said commissioners shall review and revise the list of priority  
31 chemicals at least once every two years and shall consider adding  
32 chemicals that meet the criteria set forth in subsection (a) of this section  
33 to said list.

34 (c) Not later than July 1, 2015, and biennially thereafter, the  
35 Commissioner of Public Health shall report to the joint standing  
36 committees of the General Assembly having cognizance of matters  
37 relating to children and public health on the status of the list of priority  
38 chemicals, created and maintained in accordance with this section.  
39 Such report shall include, but need not be limited to: (1)  
40 Recommendations to reduce children's exposure to chemicals on the  
41 priority list; (2) a list of products that contain chemicals on the priority  
42 list and that may lead to a child's exposure to a priority chemical; (3) a  
43 summary of actions taken in other states to restrict children's exposure  
44 to chemicals on the priority list; (4) an evaluation of the advantages  
45 and disadvantages of measures to reduce children's exposure to  
46 chemicals on the priority list, including reporting, product labeling,

47 public advisories, product bans and steps to phase out the sale of  
48 products; and (5) an assessment of the feasibility of phasing out or  
49 banning products containing chemicals on the priority list, including  
50 an analysis of the feasibility of replacing the use of priority chemicals  
51 with safer chemicals in such products.

52 (d) The Commissioner of Public Health may require persons located  
53 in the state who manufacture or distribute products intended for  
54 children that contain chemicals on the priority list to conduct an  
55 assessment of the feasibility of replacing such chemicals with safer  
56 alternatives in such products and to report to the commissioner  
57 concerning the results of such assessment. The commissioner may  
58 include a summary of any such reports received from such  
59 manufacturers or distributors in the report described in subsection (c)  
60 of this section.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section

**Statement of Legislative Commissioners:**

In Sec. 2(c) the reference to "section 2 of this act" was changed to "this section" for clarity and proper form and in subsection (d) the reference to "subsection (a)" was changed to "subsection (c)" for clarity and proper form.

**KID**      *Joint Favorable Subst. -LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

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### ***OFA Fiscal Note***

***State Impact:*** None

***Municipal Impact:*** None

### ***Explanation***

There is no fiscal impact from requiring the Department of Public Health (DPH), in consultation with other departments, to create a list of priority chemicals of high concern and revise this list biennially. Likewise, should DPH request certain feasibility reports, there is no fiscal impact to the agency from summarizing these reports in its report to the Public Health Committee.

Three other states have lists of chemicals of high concern: Maine ("Chemicals of High Concern"), Minnesota ("Chemicals of High Concern - Priority Chemicals") and Washington ("Reporting List of Chemicals of High Concern to Children). These lists are available online and include links to the scientific research that informed the inclusion of chemicals in their lists. As DPH has toxicologists on staff with expertise to review this existing research and as there is no requirement for the number of priority chemicals that must be included on this list, there is no fiscal impact to DPH anticipated from this requirement.

### ***The Out Years***

***State Impact:*** None

***Municipal Impact:*** None

*Sources: Maine Department of Environmental Protection*

*[www.maine.gov/dep/safechem/highconcern/](http://www.maine.gov/dep/safechem/highconcern/)*

*Minnesota Department of Health*

*[www.health.state.mn.us/divs/eh/hazardous/topics/toxfreekids/priority.html](http://www.health.state.mn.us/divs/eh/hazardous/topics/toxfreekids/priority.html)*

*Washington Department of Ecology*

*[www.ecy.wa.gov/programs/swfa/cspa/chcc.html](http://www.ecy.wa.gov/programs/swfa/cspa/chcc.html)*

**OLR Bill Analysis****HB 5354*****AN ACT CONCERNING CHEMICALS OF HIGH CONCERN TO CHILDREN.*****SUMMARY:**

This bill requires the public health (DPH) commissioner, by January 1, 2015 and in consultation with the commissioners of energy and environmental protection (DEEP) and consumer protection (DCP), to create and maintain a list of chemicals of high concern for children ("priority chemicals"). In doing so, the commissioners must consider the potential exposure of children and developing fetuses to each chemical. The commissioners must periodically review and update the list.

Under the bill, the DPH commissioner (1) may require manufacturers and distributors in Connecticut to study the feasibility of replacing priority chemicals in their products with safer alternatives and (2) must report to legislators on the list's status.

EFFECTIVE DATE: Upon passage

**PRIORITY CHEMICALS**

The bill defines a "priority chemical" as a chemical the DPH commissioner identifies that, on the basis of credible scientific evidence, is known to:

1. harm the normal development of a fetus or child or cause other developmental toxicity;
2. cause cancer, genetic damage, or reproductive harm;
3. disrupt the endocrine system;

4. damage the nervous system, immune system, or organs, or cause other systemic toxicity;
5. be persistent, toxic, and bio-accumulative (i.e., accumulate in an organism); or
6. be very persistent and very bio-accumulative.

Under the bill, a “chemical” is a substance with a distinct molecular composition or a group of structurally related substances. It includes the byproducts that form through decomposition, degradation, or metabolism.

#### **DEVELOPING AND UPDATING THE PRIORITY CHEMICAL LIST**

The DPH commissioner must create the list, in consultation with the DEEP and DCP commissioners, by January 1, 2015. She may include on the list any chemical that meets at least one of the following criteria:

1. Credible bio-monitoring studies have found the chemical’s presence in human umbilical cord blood, breast milk, urine, or other bodily tissues or fluid.
2. Sampling and analysis have found the chemical in household dust, indoor air, drinking water, or elsewhere in the home.
3. The chemical has been added to, or is present in, a consumer product used or present in the home.

The DPH, DEEP, and DCP commissioners must (1) review and revise the list at least once every two years and (2) consider adding chemicals that meet the above criteria.

The DPH commissioner may require people in the state who manufacture or distribute products intended for children that contain chemicals on the priority list to (1) assess the feasibility of replacing them with safer alternatives and (2) report to her on the results of those assessments. She may include a summary of these reports in her report to legislators.

**REPORT TO LEGISLATORS**

By July 1, 2015 and once every two years afterwards, the DPH commissioner must report to the Children's and Public Health committees on the status of the priority chemical list. The report must include:

1. recommendations to reduce children's exposure to the listed chemicals;
2. a list of products containing priority chemicals to which children may be exposed;
3. a summary of actions other states have taken to restrict children's exposure to the listed chemicals;
4. an evaluation of the advantages and disadvantages of measures to reduce children's exposure to these chemicals, including reporting, product labeling, product bans, public advisories, and steps to phase out the sale of products; and
5. an assessment of the feasibility of phasing out or banning products containing priority chemicals, including the feasibility of replacing them with safer chemicals.

**BACKGROUND*****Related Bill***

sSB 126, favorably reported by the Public Health Committee, is nearly identical to this bill.

**COMMITTEE ACTION**

Committee on Children

Joint Favorable

Yea 10      Nay 2      (03/11/2014)